

Application Data Sheet

Application Information

Application number::
Filing Date:: 11/09/01
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit:: 3762
CD-ROM or CD-R?: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:
Computer Readable Form (CRF)?:
Number of copies of CRF:
Title:: Techniques For Selective Activation Of Neurons In
The Brain, Spinal Cord Parenchyma Or Peripheral
Nerve
Attorney Docket Number:: 11738.00050
Request for Early Publication?: NO
Request for Non-Publication?: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 19
Small Entity?: NO
Latin name::
Variety denomination name::
Petition included?: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Michael
Middle Name::
Family Name:: Baudino
Name Suffix::
City of Residence:: Minneapolis
State or Province of Residence:: Minnesota
Country of Residence:: USA
Street of mailing address:: 1656 127th Ave. NW
City of mailing address:: Coon Rapids, Minneapolis
State or Province of mailing address:: Minnesota
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 55448

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Mark
Middle Name:: T.
Family Name:: Rise
Name Suffix::
City of Residence:: Monticello
State or Province of Residence:: Minnesota
Country of Residence:: USA
Street of mailing address:: 7745 Aetna Avenue NE
City of mailing address:: Monticello

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55362

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/302,519	04/30/99

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Medtronic, Inc.
 Street of mailing address:: 710 Medtronic Parkway NE
 City of mailing address:: Minneapolis
 State or Province of mailing address:: Minnesota
 Country of mailing address:: USA
 Postal or Zip Code of mailing address:: 55432-5604